

Mr Izette Aeon Davis & Mrs Desline May Davis

Alexander Lodge

Inspection report

41 Skinners Lane, Ashted
Surrey KT21 2NN
Tel: 01737 276052
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Alexander Lodge is a care home service without nursing, and is registered to accommodate up to 12 older people some of whom may be living with dementia. The accommodation is a converted period property; and is arranged over two floors with six bedrooms on each floor.

The inspection was unannounced and took place on the 30 April 2015

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are registered persons; Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe living at the home because of the care staff provided. Their relatives told us the staff were caring and respectful and met people's needs. Our observations confirmed this and we found there were systems in place to protect people from the risk of harm.

Summary of findings

The provider had an effective recruitment system in place. We looked at records which showed us staff had completed all relevant recruitment checks prior to starting work. There was enough staff with the appropriate skills and experience to keep people safe.

Systems were in place to ensure that medicines were stored, administered and managed safely. Staff had received the required training, and there were enough experienced staff to manage medicines appropriately to meet people's needs safely.

Staff told us they were supported by the registered manager and had the relevant training to do their jobs well, and meet people's care needs. Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home, which helped them to be aware of any changes. People and their relatives told us they could speak with the staff and the registered manager to raise any concerns, and they knew how to raise complaints if they needed to.

The registered manager and the staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were records in place to show who could represent people and act in their best interest if complex decisions were needed about their care and treatment.

People and their relatives spoke positively about the home and the care that people received. People and their relatives said that the staff were caring. Staff supported people with all their nutritional needs. People were supported to have healthy diets, and people that

required a personalised diet, had their needs monitored and had access to health care professionals who supported staff to meet their dietary needs. Staff understood people's needs and we observed that care was provided in a caring manner.

Staff told us they received on-going training and we found they were appropriately trained and understood their responsibilities. Staff understood the values of the home, and respected people's diverse needs. They told us they had received training to ensure the care provided to people was safe and met their needs. Staff told us they received regular supervision and support to assist them to deliver care that met people's needs. We observed that people received support around their nutritional and personal needs.

We observed that people were encouraged to remain independent and were supported to access activities they enjoyed at home and in the community. People were supported in taking part in their favourite interests such as board games, reading, and going to various places of interest. The registered manager told us they would discuss this with people with a view to introducing additional activities.

The service was well led and the staff were supported by the registered manager to do their jobs well. The registered manager and senior staff monitored and reviewed the quality of care. There were systems in place to obtain people's views about the service. These included residents meetings and questionnaires to identify, plan and make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff were knowledgeable about safeguarding and knew how to identify and raise concerns to keep people safe.

There was enough staff to meet people's needs and to ensure they were safe, there were robust recruitment procedures in place.

Medicines were managed and administered safely. Staff had received training in administering medicines.

Risks to people's safety were well managed and staff knew what to do in the event of an emergency.

Good



Is the service effective?

This service was effective.

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs and maintained their health.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people appropriately.

People received the support and care they needed to maintain their health and well-being. People had access to appropriate health care professionals when required.

Good



Is the service caring?

The service was caring.

We observed that staff interacted with people in a caring manner and respected people's privacy.

People told us they were well looked after. We observed that staff respected people's diverse needs.

People and their relatives were provided with opportunities to give their views and opinions and opinions about the care that people received.

Good



Is the service responsive?

This service was responsive.

People received personalised care that met their needs. People's needs had been assessed before they moved into the home, and their care needs were regularly reviewed.

People and their relatives were encouraged to give their views about the quality of the service.

The home had an appropriate complaint procedure in place. People and their relatives felt able to raise concerns with the staff and manager if they needed to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service.

There was sufficient staff to provide good quality care.

The quality of the service was monitored through audit checks. People and their relatives spoke highly of the quality of care their family members received.

Alexander Lodge

Detailed findings

Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This Inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the care Act 2014.

The inspection took place on the 30 April 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience that had experience of older people and people that were living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, for example what the service does well, and any

improvements they intend to make. We reviewed the PIR and previous inspection reports before the inspection. The information provided enabled us to understand more about how the service was run. We also looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas for concern.

We looked at four people's care records including their pre-admission assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files, meeting records and other documents in relation to the monitoring of the service.

We spoke with eight people, three relatives, and three staff. We observed care and support provided by staff in all areas of the home to help us understand people's experience of living in the home.

The service was last inspected on the 6 and 7 November 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe. One said “I feel safe because it is organised”. Another said “We don’t, need anyone to talk to us, there are no problems, and we are very happy here”. Another said “I feel perfectly safe”. One relative told us their family member had not been at the home for long but they felt they were safe.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people visitors and staff would know who to contact to raise any concerns if they needed to. People had safeguarding information displayed on a large notice board. There were clear policies and procedures available for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments which ensured people were kept safe. They were regularly reviewed so that staff were made aware of any changes in people’s needs which helped them keep safe from harm. Assessments included people who had mobility problems and were at risk of falls. Staff told us they worked with people, and where they were at risk, they would take action to minimise the risk. For example where people could mobilise independently, we saw staff support them to use their walking aids correctly to ensure they were safe and to minimise the risk of falls. There was equipment available to keep people safe such as bath lifts which was regularly serviced and maintained. The registered manager told us that staff levels were set in relation to people’s needs, and although people were very independent staff levels were set to enable staff to support people to take part in activities and access the community.

We observed that there was enough staff to meet people’s needs. People we spoke with confirmed this. One person said “I asked them to do my bed it was done immediately, it was lovely”. Staff attended to people’s needs in a timely manner, and people were not kept waiting when they needed support. Staff said there were enough of them on duty with the relevant skills and experience to meet people’s needs. We reviewed the staff rota and saw that there was enough staff on duty. Staff duty records showed that where necessary the home had systems in place to cover staff absences at short notice.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS) service. These checks identify if perspective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

People’s medicines were appropriately managed and were administered in a safe manner. There were appropriate procedures in place for recording the administration and disposal of medicines. Medicines were stored in a locked cupboard and stored securely. There were systems in place to ensure that people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Staff had been given up to date training for administering and disposing of medicines.

Staff supported people to take their medicines. The service had a policy and procedure in place for the receipt, storage and administration of medicines. All medicines were stored in a locked cupboard. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. Staff had completed training in the safe administration of medicines, records and staff confirmed this.

Is the service effective?

Our findings

People and their relatives told us they were well looked after. One person said “When I’m in the garden, staff help me not to do too much, I need to rest” Another said “The staff are well trained, they know what to do” Relatives told us “The staff are always welcoming and approachable”.

Staff told us that when they first started working at the service they were supervised for a period of time and ‘shadowed’ experienced members of staff before working independently with people. Staff received the induction and on-going support to complete the care certificate. Staff told us they had received training in areas such as safeguarding, dementia care, medicines, fire safety, food hygiene and moving and handling. Records matched the training that staff told us they had received. Staff told us the training they received was good and it enabled them to do their jobs well. We observed that staff interacted with people in a way that demonstrated they had understood the training they had received. For example we saw staff engaged in moving people appropriately with their walking aids from one area of the home to another.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any important decisions made on the behalf of people who lacked capacity should only be made once a best interest meeting had been held. The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. Where appropriate family members views were also sought. For example ideas about what events to have at the home and when. For day to day decisions staff asked people for their consent before they carried out any tasks and always explained to people what was happening and why. For example before carrying out care.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS ensures that people receive the care and treatment they need in the least restrictive manner, and ensure there are no restrictions to people’s

liberty and liberty, and if there are, they have been authorised by the local authority as being required to protect them from harm. There had not been any applications made in relation to (DoLS). The registered manager knew how to make an application if needed. We observed that people were able to access any area of the home when they wanted without any restrictions. People who were independent and wanted to were able to leave the home freely.

People were provided with enough to eat and drink. We observed that staff offered people a choice of hot and cold drinks throughout the day. Staff supported people with their meals and were very attentive to their needs. The meal time was calm and relaxed and staff encouraged people to be sociable and engaged them in general conversation. Staff encouraged people to maintain their independence. For example we saw one person laying the tables for lunch. They told us they did the tables every day and were really happy to do so.

People were served generous portions and offered a choice of meals. We saw that people had alternative meals that they could choose if they wanted to. The home had a weekly menu plan that was put together by people supported by the staff. People were given a choice on that day of what they wanted to eat. People told us if they did not want what was offered they could ask for an alternative. People told us that they enjoyed the food. Records showed that people’s weights were maintained and staff monitored people’s dietary needs regularly.

Staff told us that if people’s health needs changed they would refer them to health care professionals such as the GP, and district nurses. People told us that had recently seen an optician, and had regular dentistry and podiatry appointments. Staff told us there was also a physiotherapist that visited the home to do exercise sessions with people on a regular basis. People we spoke with confirmed this. One person said “I ask the manager if I feel I need the doctor”. Staff told us if they had any concerns they would take appropriate action ensure people’s health was maintained and monitored.

Is the service caring?

Our findings

People spoke positively about the care they received and told us the care they received was “Good”. One relative said “The staff are excellent and we are satisfied with the care” Another said “My family member is always dressed in something different, and always looks nice”.

Staff knew people well, and knew their individual preferences. For example staff knew what individual people liked and disliked. One person liked to read the newspapers each day, and staff ensured that the newspapers were delivered on a daily basis and given to people to read. Another person liked to tend to the garden and was encouraged and supported by staff to do so. We observed that people liked to play table top games such as dominoes and were supported by staff to play whenever they wanted to. One person liked to knit and was supported by staff to obtain as much wool as was needed from family and friends and was given opportunities to knit when they wanted to. The staff encouraged and supported towards people to spend their day however they choice to.

Staff told us they always knocked on people’s doors and waited for permission to go in prior to entering their rooms. People told us the staff knocked on their doors before they came in and all personal care was completed in privacy with the doors shut and we saw that this was the case during our inspection. Staff had time to spend with people and spoke with them in a caring and respectful manner. People were dressed in clean clothes and their appearance was maintained by staff. One relative told us their family member “Wore something different each day, and their clothes were colour co-ordinated.

People’s care was personalised around their likes and dislikes as well as their needs. Such as one person liked to go out to meet with friends during the day, and another enjoyed visits from people at the local church. The home supported people with this, and people told us they liked that staff helped them to have visitors. One person told us they were “happy at the home”. Another said “I get to choose my own clothes”. People’s rooms were personalised with personal effects and photographs, and they could go into their rooms whenever they chose to. Staff told us people were encouraged to be as independent as possible, and they were supported to maintain this and given as many choices as possible. Staff engaged with people well, and interactions between them were positive which contributed to their wellbeing.

We found that staff and the registered manager promoted a caring culture in the home. For example they encouraged people to decide about what they wanted to do during the day and supported and encouraged people to be independent .We observed that the manager spoke with people and staff, and spent time with people throughout the day.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. Relatives told us their family members were knew to the home but had been invited to residents meetings, and had been asked to give their views about the home, and the quality of the service provided. They told us they were listed to and suggestions about their family members care were acted on.

Is the service responsive?

Our findings

People told us the care and support they received from staff was good. Relatives told us they were involved in their family members care reviews and had been shown their care plans. They told us the staff informed them of any changes in their family member's health care needs. One relative said "The staff respond straight away when my family member needs anything".

People had been involved in an assessment of their needs before moving into the home. Once they had moved into the home a care plan had been written in consultation with them and their family. Care plans included a detailed plan of care and how the staff should provide support to meet people's needs and preferences.

People's care plans were personalised and included information about people's likes and dislikes. They gave details about people's life histories so that the staff knew their backgrounds and could use the information as topics of conversation which showed us staff had read people's care plans and were following the care plans on a daily basis. For example One person liked to visit friends in the community on various days and staff knew which days these visits took place, and when to support this person with this. People's routines had been recorded and the staff knew what people liked to do during the day, and what people's hobbies and interests were. We heard staff talking to people about what they liked to do during the day. People told us staff responded to their requests and helped them to take part in whatever activities they choose for that day.

People and their relatives knew who they could speak to if they had a complaint about any aspects of the care they received. One person told us "We all have complaint packs in our rooms, and I go to the manager if something is wrong, and it gets sorted quickly". They had been provided with a copy of the provider's complaint process when they first moved into the home. People knew how to make a

complaint and had copies of the homes procedures in their rooms. The registered manager told us that people had complaint packs in their rooms. There was a copy of the complaints procedure displayed in the home. The registered manager told us that they deal with any complaints from people or their relatives in a timely manner and records confirmed this was the case. There had not been any formal complaints made in the last 12 months. Any concerns that were raised had been dealt with by the manager informally.

There were activities for people, and during our visit we observed people observed people taking part in them. For example where people enjoyed playing board games and table top games such as dominoes. People were reading newspapers and magazines. We observed people attended private time with people from various faith groups. Staff ensured that this was accommodated at any time of the day if people wanted to take part. People that enjoyed gardening were supported and encouraged to do so by staff. Other people were active and staff encouraged people to become involved in as many activities as they wanted to in the home. People told us they wanted more trips into the community but liked being able to do lots of activities in the home such as scrabble, reading books, and going into the garden. For people with dementia we saw staff engaged with them and taking the time to have conversations, as well as supporting them to take part in activities within the home.

We saw throughout our inspection that staff responded to people who needed their assistance. We observed that staff supported people with all aspects of their care. Staff offered and supported people to have their meals. Staff offered and supported people to have hot and cold drinks.

The registered manager had ensured that people maintained good links in the community. People were supported to be independent with trips to churches, and shopping centres. People were also supported to visit relatives.

Is the service well-led?

Our findings

People told us they liked where they felt the manager was good. Relatives told us that the home was well managed. They said they could speak to the registered manager if they had any complaints or concerns. One relative said “They have a hands on approach”. Another said “I go to the manager and it gets sorted out”.

The atmosphere in the home was open and welcoming. We saw people were happy and observed them engaged with staff in conversation and interacting with each other. The registered manager encouraged a transparent culture in the home. For example the registered manager engaged with in conversation and both the manager and people seemed to enjoy what was being said. Relatives told us they were keep informed about any changes in their family members care needs. They told us they were involved in care reviews and their care planning, and given an opportunity on a regular basis to give their views about the home, and were asked their opinions about improving the service and about how to promote good quality care.

The registered manager promoted monthly meetings in the home for people and staff. People were given the opportunity to give their views about how they would like to be cared for, and state if they had any concerns. Questionnaires were sent out to people and relatives to provide them with the opportunity to give their views about the service. For example people and their relatives requested to have more activities put in place, the registered manager responded to this feedback and organised more activities in the home and in the community. The registered manager told they gave feedback to people when needed. We saw feedback where people stated they were happy and had no concerns.

Staff told us they felt supported by their colleagues and the registered manager, and met with them on a regular basis

for supervision to discuss their personal development needs and areas where they could benefit from further training. We looked at records of these meetings and staff could refer to them if they needed to.

Staff told us that there were regular staff meetings held in the home, to discuss any changes in people’s needs and any other areas where changes were required. We looked at these meetings and saw that they were up to date, and included discussions about events, health and safety and any new changes that were to be implemented to improve the quality of care. We saw that people’s needs were discussed which meant staff were kept up to date with any changes in peoples care needs, and any changes in the service being provided. Staff told us that these meetings supported them to have a good understanding of their responsibility to care for people well.

Staff told us there was effective communication between people, and updates were given on people at every shift handover. Staff told us they had regular handover which provided them with up to date relevant information to ensure people’s needs were met, and the care that people received was consistent. We observed that staff spoke about people’s needs for that day which confirmed this.

Accidents and incidents were recorded and investigated. We saw records where they had been audited and discussed with staff. The registered manager told us it was their responsibility to ensure that all incidents were recorded and reported to the appropriate agencies such as the local authority safeguarding team and the Care Quality Commission in a timely manner. There had been no incidents reported to the CQC. The registered manager told us that there had not been any incidents or accidents in recent months to report.

Staff told us that audits took place on a regular basis. These included care records and medication. We also found that the provider completed their own internal audits in the home to ensure that the care being provided was of a good standard.